

SUPERVISOR'S CHECKLIST FOR TELECOMMUTERS (1000)

(No. 38 Mar. 1996)

California Department of Forestry and Fire Protection

SUPERVISOR'S CHECKLIST FOR TELECOMMUTERS

Name of Telecommuter: _____

Name of Supervisor: _____

		Date Completed
1.	The employee has read and been provided with a copy of CDF's telecommuting policy.	_____
2.	The employee has been provided with a schedule of core hours or guidelines for flexing work hours.	_____
3.	Equipment issued by CDF is documented.	_____
4.	Performance expectations have been discussed and are clearly understood. Assignments and due dates are documented.	_____
5.	The employee has been provided with the Department of Personnel Administration's (DPA) <i>Video Display Terminal User's Handbook</i> , <i>Guide to Setting up a Home Office</i> , and <i>Safety Issues Self-Checklist</i> . The supervisor has retained the original of the employee's <u>completed</u> <i>Safety Issues Self-Checklist</i> and has provided the employee with a copy.	_____
6.	Requirements for adequate and safe office space at home have been reviewed with the employee, and the employee certifies that those requirements have been met. (The Safety and Health & Fitness Units are available for consultation as necessary.)	_____
7.	Requirements for care of equipment assigned to the employee have been discussed and are clearly understood.	_____
8.	The employee is familiar with CDF's requirements and techniques for computer and other information security.	_____
9.	Phone contact procedures have been clearly defined and staff at the employee's headquarter's office have received training as applicable.	_____
10.	The employee has read and signed the Telecommuter's Agreement prior to actual participation in the program.	_____

(see Table of Contents)